

**MINE LICENSE APPLICANT'S AFFIDAVIT:  
DRUG-FREE WORKPLACE PROGRAM**

This affidavit is completed by the mine license applicant in order to document that the license applicant/employer provides a drug-free workplace program, and in order to request certification of the program by the Office of Mine Safety and Licensing.	LICENSEE/EMPLOYER NAME:
	MINE LICENSE NUMBER:

I, \_\_\_\_\_, being first duly sworn, state to  
(type or print name)  
the best of my knowledge and belief that all the following information is true:

1. I am the owner or chief executive officer of \_\_\_\_\_,  
(name of license applicant)

which provides a Drug-Free Workplace Program by:  
(Check all applicable boxes):

☐ Providing a copy of a statement to each employee at the mine and posting the statement in a prominent place at the mine:

(a) notifying employees that the unlawful manufacture, distribution, dispensation, possession, or use of alcohol or a controlled or illicit substance is prohibited in the mine; and

(b) specifying the actions that will be taken against employees for violations of such prohibition.

☐ Establishing an alcohol and substance abuse education and awareness training program for all employees and supervisory personnel which meets the minimum requirements of 805 KAR 11:020, Section 2(1).

☐ Establishing a program that includes alcohol and drug testing performed in accordance with the provisions of 805 KAR 11:020, Section 2 (2) through (6)

☐ Providing an Employee Assistance Program which includes professional assessment of employee personal concerns; confidential and timely identification services with regard to employee alcohol or substance abuse; referrals of employees for appropriate diagnosis, treatment and assistance with regard to employee alcohol or substance abuse; and follow-up services for employees who participate in a drug or alcohol rehabilitation program.

☐ Maintaining a drug-free workplace throughout its workers compensation insurance policy period.

☐ Maintaining the drug free workplace program in compliance with all applicable federal and state laws and regulations.

2. Copies of the following documents are attached to this Affidavit:
- (a) the licensee's written drug free workplace policy;
  - (b) a statement identifying each alcohol and drug test that will be conducted;
  - (c) a statement describing the licensee's Employee Assistance Program;
  - (d) a description of the alcohol and substance abuse education and awareness training program for employee and supervisory personnel; and
  - (e) a statement describing the confidentiality of the licensee's drug-free workplace program.
3. As a duly authorized agent of the license applicant named above, I hereby certify:
- (a) that the frequency and duration of each employee and supervisor training session meets the requirements of 805 KAR 11:020, Section 2(1);
  - (b) that all employees and supervisory personnel have participated or will participate during the calendar year in the required alcohol and substance abuse education and awareness training;
  - (c) that all independent contractors that provide personnel who are required to be certified pursuant to KRS 351.102 will comply with the provisions of the licensee's Drug Free Work place program; and
  - (d) the information I have provided in this Affidavit is true and correct to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to before me by \_\_\_\_\_  
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ .

Notary Public \_\_\_\_\_

My Commission expires: \_\_\_\_\_